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CHYLOTHORAX AFTER CHILDBIRTH IN A MOTHER

Sir,

Chylothorax is the most common type of neonatal pleural effusion,[1-3] but a Medline search revealed only three case reports of chylothorax after childbirth in the mother.[4,5]

A 32-year-old woman presented with dyspnea 11 days after normal vaginal delivery. She had no history of recent obvious trauma or constitutional complaints. Physical examination revealed a healthy-appearing female without peripheral lymphadenopathy, palpable spleen or anemia. There was dullness over one-third of left hemithorax base with diminished breath sounds. Chest roentgenogram showed left pleural effusion. Thoracentesis yielded milky fluid. Analysis documented chylous nature of fluid with a protein level of 6.8 g/dl, triglycerides 562 mg/dl, cholesterol 7.0 mg/dl, glucose 98 mg/dl and LDH 116 IU/l.

Figure 1: Chest CT scan shows left-sided effusion with extension to right side

DISCUSSION

Tornling et al.[4] reported the first case of chylothorax after delivery and described its mechanism as follows: ‘During labor throes, there is initially an increased intrathoracic and intra-abdominal pressure followed by a rapid decrease to negative intrathoracic pressure with persistent high intra-abdominal pressure. In the thoracic part of the duct, high stretching forces thus occur on the ductal wall due to high intraluminal and low extraluminal pressure.’[4]

In two previous reports, chylothorax was found after prolonged vaginal delivery where extensive external pressure was applied to the abdomen.[4,5] However, in our patient, no external pressure was applied to the abdomen.

In summary, this is a report of chylothorax after childbirth, with its relatively benign course. More than one possible etiology of chylothorax may be present, such as occult mediastinal lymphomas or lymphangiomyomatosis; however, no signs of mediastinal lymphoma were present.

IMMEDIATE EFFECT OF HIGH-FREQUENCY YOGA BREATHING ON ATTENTION

Sir,

Kapalabhati (KPB) is a yoga breathing technique characterized by forceful exhalation and high-frequency breathing, whose name (kapala = forehead, bhati = shining, in Sanskrit) suggests that it stimulates the brain.[1] KPB is being practiced throughout India for health promotion and disease prevention.[2]

The alpha- and beta-1 activity in the EEG increased during the first 5 minutes of a 15 minute KPB session in 11 advanced yoga practitioners.[3] When practiced at high frequencies (i.e., approximately 120 breaths per min), autonomic changes, based on the heart rate variability spectrum, suggested increased sympathetic and reduced vagal activity.[4] However, despite the supposed effect on the...
brain, the effects of KPB on attention and cognition have not been reported.

Forty-six medical students (11 males; mean age ± SD, 20.9 ± 2.3 years; mean experience of KPB, 3.3 ± 1.0 years) took part in the trial. The attention task was administered before and after KPB on one day and before and after an alternate intervention, i.e., breath awareness (BAW) on another day. BAW was chosen as it is believed to improve attention.

To understand whether similar results would be seen in different age groups, a similar trial was conducted in middle-aged adults (30-59 years, n = 48) with comparable gender distribution and experience of KPB (±1 month). There was also a smaller number (n = 16) of older adults, over the age of 60 years (all males; comparable experience of KPB, ±1 month). Both groups were studied as described for medical students.

For the medical students, total errors before KPB on one day and before and after an alternate intervention, i.e., breath awareness (BAW) on another day. BAW was chosen as it is believed to improve attention.

Hence in all three age groups (medical students, middle-aged adults and older persons), the changes in cancellation scores (either total errors or net scores) after KPB suggested improvement. This task requires selective and sustained attention, as well as the ability to shift attention. The mechanism underlying the improvement is not known. It may be related to the fact that KPB is associated with increased sympathetic activity, and increased sympathetic tone is associated with better vigilance. The study is limited by the small sample sizes and the fact that the study did not attempt to assess how long the effect of KPB on attention lasted. Further research is required with larger numbers and with reassessments to understand how long the effects last so as to understand the therapeutic possibilities.

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